

BLACK HAWK COUNTY BOARD OF HEALTH MEETING

July 29, 2020

The meeting of the Black Hawk County Board of Health was called to order at 7:32 a.m. by Chair, Rev. Dr. Mary Robinson, in Room 420 of the Pinecrest Building, 1407 Independence Avenue, Waterloo, Iowa. Members present: Vice-Chair, Dr. Zeman via video conferencing, Beth Knipp, Dr. Wesley Pilkington, Dr. Adam Roise, and Attorney Mike Treinen via video conferencing. Absent: None. A quorum was met.

Others present: David Chenoweth, Dr. Nafissa Cisse Egbuonye, Patti Humpal, Megan Olmstead, Lisa Sesterhenn, and Joshua Pikora.

Others present via video conferencing: Debra Bunger, Gabbie DeWitt, Kamyar Enshayan, Amanda Fesenmeyer, Kim Howard, Brenda Hostetler, Jodie Huegerich, Linda Laylin, Arlene Prather-O'Kane, Jared Parmater, Aaron Reinke, Amie Rivers, Lori Rottinghaus, Chris Schwartz, Toki Selby, Audrey Tran Lam, Halkeno Tura, and Bridgett Wood.

NOTICE: In accordance with Governor Reynolds' 3/17/2020 Public Health Disaster Emergency proclamation, the total number of attendees at this meeting may not exceed ten (10) persons, including the Board of Health, the Health Director, the scribe, the County Attorney, representatives from the Board of Supervisors, and any media persons. Because of this strict limitation, others who wish to join the meeting are encouraged to do so via Zoom using the following login information:

Unless otherwise noted, all actions were approved unanimously.

I. Approval of Agenda – For Vote

Discussion: No discussion

Action: Dr. Roise moved and Dr. Pilkington seconded to approve the amended agenda. Motion carried.

II. Public Comments – None

Discussion: No discussion.

III. Introduction of New Hires

A. ~~Hailey Finn Dental Hygienist, Kim Howard~~

Ms. Finn was not available for introduction

Dr. Cisse Egbuonye announced Lisa Sesterhenn has accepted the Public Health Planner position

B. David Chenoweth, Disease Prevention Specialist – Joshua Pikora

Mr. Pikora introduced David Chenoweth to the board

IV. Health Department Update & COVID-19 Update was presented by Dr. Cisse Egbuonye

Summary of update:

- Staff continue to work hard in each program area
- Leadership team working hard with PHAB accreditation on obtaining the necessary documents and plans to be submitted by August 21, 2020
- Health Improvement Plan task team have started their meetings
- COVID-19 update: June 23- present: average cases per day: 29. Three days in July have been above 50 cases. Age range for the majority of the cases are 20-44.
- Ten local health department directors (including Black Hawk County) sent letter to Governor Reynolds that recommends the mandate of face coverings in the state of Iowa.

Discussion:

Rev. Mary said that Johnson County has implemented a face-covering mandate, but the rationale from the code says it is not enforceable. Would this request be the same kind of request you are asking the state to mandate by sending the letter to the Governor.

Dr. Cisse Egbuonye stated that it is important that Governor Reynolds hear the voices of the local health departments and presented the science behind face-coverings. Johnson County believes they have the authority to enforce it.

Mr. Treinen said without the research to back this up, it could not be assumed that there is any authority to enforce a face-covering mandate. Mr. Treinen stated he will be conducting some research to determine if the face-coverings can be legally enforced.

Dr. Roise asked if Johnson County has received any response from the state in regards to enforcement of face-coverings. Dr. Cisse Egbuonye stated they have not heard any response as of yet.

V. Endorsement of IPHA Statement on Iowa's Return to Learn Plans* - Dr. Cisse Egbuonye – For Vote

Discussion: Dr. Roise stated that there is evidence-based research to order a mandate the wearing of face-coverings. We have to be able to allow local authorities to determine what level of protection the community needs. Dr. Zeman is in support. Dr. Rev. Robinson is strongly in favor.

Action: Dr. Roise moved and Dr. Pilkington seconded to adopt the board's endorsement of IPHA Statement on Iowa's Return to Learn Plans as presented. Motion Carried.

VI. Personnel for COVID-19 Response* - Dr. Cisse Egbuonye - For Vote

- A. Permanent Staff Recruitment – For Vote
- B. Temporary (Scalable) Contact Tracing Recruitment – For Vote

Discussion: Dr. Cisse Egbuonye presented an overview of the need for the personnel requests for COVID-19 pandemic.

Mr. Pikora stated that a staffing calculator tool was utilized that was created by national non-profit linked to Center for Disease Control and a table with the staffing needs was presented to the board in the packet. Staffing levels will need to fluctuate based on the daily case reports. A combination of additional temporary and permanent staff will be needed to complete disease investigation, contact tracing and coordination activities. Designated liaison capacity for long-term care, K-12 and higher education, businesses and child care settings is expected to be filled through current and new permanent staff, including reassigned of duties as indicated. This information is very critical to identify high-risk settings, trends. If the state continues to conduct the contact tracing, we are limited at the local level to obtain information to make any analysis of the data.

Mr. Pikora stated that is critical that cases are contacted as rapidly as possible. The state has a large caseload and no county is priority over another. It is very easy for trends not to be identified in a timely manner. Black Hawk County is unique in population, diverse culture and several high-risk settings. It is important that we take over the case investigations from the Iowa Department of Public Health.

Dr. Rev. Robinson stated that the timeliness of being contacted and knowledge of our local health department alone is invaluable.

Dr. Zeman stated that Mr. Pikora did an excellent job with presenting this information.

Dr. Pilkington asked do you anticipate any issues with recruitment from a qualifications standpoint and any issues with training.

Dr. Cisse Egbuonye said public health is a very technical field. Based on the after action report, we need to look at experience and really know the community and can navigate different communities in the county. It is going to be key to have multi-lingual contact tracers. Dr. Cisse Egbuonye added that recruitment for temporary contact tracers should not be difficult. We have to add diversified positions that

will help with the workload due to COVID-19. The Health Department should be a data hub to the community for all areas of disease investigation and there is an opportunity for the department to build the surveillance capacity. Another difficulty in recruiting for public health positions is recruiting in the African American community. Dr. Cisse Egbuonye said that she has reached out to the African American community leaders and asked for feedback on what can we do to improve recruiting efforts. Feedback from the African American Community leaders was to have the job openings sent directly to them for them to pass along. Some difficulties with public health positions are that there are very specific job requirements. Any ideas from the board are welcome and open to implement.

Dr. Roise stated that it is important that we hire a diverse workforce to help protect our community and be flexible in the setting/opening of schools and businesses to assist them.

Dr. Cisse Egbuonye stated that the community partners depends on us and we have expressed to them we are doing our best to take on this role.

Dr. Roise stated if we fail at COVID-19, it will put up barriers for the role of health strategist we would like to be in the community.

Dr. Rev. Robinson asked why the public health nurse position was deleted or what is the rationale used to make this decision.

Dr. Cisse Egbuonye stated that there are three vacant public nurse positions and we have two Nurse Practitioners. After discussing with the Deputy Director there is enough clinical capacity right now and we can utilize that vacant position for a Disease Prevention Specialist. Since we have not been able to fill those positions and if we need more nurses, we still have that capacity to hire.

Dr. Roise stated he likes the way this is laid out strategically. Is there money available (CARES Act) to help with the fluctuation of staffing needs in contact tracking.

Dr. Cisse Egbuonye stated she spoke with a state representative and they did inform us the CARES act funding is overseen by the governor's office and they have no idea how or if contract tracing will be an eligible expense for the CARES act.

Dr. Pilkington concern is not prioritizing contact tracing funding in the counties that will need it the most.

Mr. Pikora explained that the state would use a calculator for population and risk factors to distribute the funding.

Dr. Cisse Egbuonye said for the sake of our community and businesses, we do need to take back the role of contact tracing.

Dr. Roise said if we open schools and end up with an outbreak and schools shut down that will leave many parents out of the workplace.

Dr. Rev. Robinson added about this reminds her of the Wallstreet 24/7 report and this concrete example for us being the worse place for African Americans, we are now number three. It spreads out and it touches so many areas, we are seeing it play out.

Dr. Roise if we approve this today is there any other approvals needed by the county.

Dr. Cisse Egbuonye stated that it would be a good idea to go to the Board of Supervisors and inform them of the plans for hiring contact tracers. Human Resources has been involved to keep everyone informed of the plan for hiring additional staff.

Dr. Rev. Robinson stated that this is the right thing to do, no matter if other counties are doing this. It is important that we keep on top of this situation. The state guidelines on the definition of recovered cases is very unclear and people can be out for several weeks or more.

Mr. Pikora stated up until June 30, 2020 for purposes of state data the definition is: once released from monitoring, and released from the surveillance system is when someone is counted as recovered. Starting June 29, 2020 the definition was updated to 28 days after onset is considered recovered. Mr. Pikora stated that some people are still symptomatic after several weeks and some only felt bad for one day.

Dr. Rev. Robinsons stated that it would help if we localize the case investigations to be more accommodating to those individuals who may be experiencing symptoms past the average recovery time.

Dr. Zeman added that there is recent research that found that a high percentage of recovered individuals have shown issues with heart problems, and this could potentially lead to chronic heart disease.

Amanda Fesenmeyer added that she wants to make the board aware that in regards to the contact tracers' positions, there is a posting requirement of 10 days before hiring can start.

The board decided to take items A and B together as one motion.

Action: Dr. Pilkington moved and Ms. Knipp seconded to approve items A and B. (A) to create one full-time non-bargaining GS18 Epidemiologist position, to remove one full-time bargaining GS14B Public Health Nurse Position vacancy and replace with one full-time GS14 Disease Prevention Specialist position. (B) Operationalizing a scalable temporary contact tracking team, including creation of temporary contact tracer positions, with recruitment to begin immediately. Motion carried.

VII. 2020 Health Improvement Plan (2016) Progress Report* – Lisa Sesterhenn – For Vote

Discussion: No discussion

Action: Ms. Knipp moved and Dr. Roise seconded to approve the 2020 Health Improvement Plan (2016) Progress Report with recommended amendment. Motion carried.

VIII. 2020 Black Hawk County Community Food Assessment* – Lisa Sesterhenn – For Vote

Discussion: Jodie Huegerich presented an overview for items for county to consider for approval:

Potential opportunities for leverage include:

- Increasing the availability and affordability of nutritious foods in numerous venues in the community such as grocery stores, restaurants, convenient stores, mobile markets.
- Improving the food environment in school districts throughout Black Hawk County.
- Supporting existing local/regional food and farm businesses and developing new local food infrastructure, such as food hubs and a community incubator farm to improve access to land.
- Community gardens and edible landscapes could be expanded close to where people live so individuals can learn how to plant, grow, and cook healthy natural table food.
- Studying the recommendations from the 2012 Black Hawk County Community Food Assessment that have not yet been implemented. (Appendix F)

The UNI Local Food Program will continue to facilitate collaborations in improving food systems that serve people of Black Hawk County.

Professor Kamyar Enshayan provided some feedback on the findings in the report

- Situated in a national global abundance: lack of access to nutritious food and an abundance of sugary fatty and salty foods, that lead to chronic disease and obesity
- How can the county and region chart a different path
 - Food systems are real things-and we need to plan invest and maintain a community food system
 - Multiple strategies: Press Release about food environment to impress the urgency of it for everyone.

- Areas that focus on schools, grocers,
- Different supply chains, more vegetable growers, more farmers
- Commitment from different entities in the community
- Work so far has been in the margins and will need a lot more coordination and action to make this happen

Prof. Enshayan added that many other partners have been active in the community and our work has been in the margins, so action is needed to place urgency in the community to create a robust food system.

Rev. Dr. Robinson said health issues like heart disease and obesity in communities of color are at the top of the list, a lot of that is related to what they eat, also how it is prepared. Rev. Dr. Robinson expressed concern about the preparation of food. Another concern is the zip codes where lack of quality food has been identified and lack of access healthy food, primarily in the 50702 and especially the 50703 zip codes. What efforts have been made since the last report to get into those zip codes to obtain feedback, especially 50703. COVID19 has happened and that compromised the process of the collection of data. What has been done since then to improve this situation. What happens is that we make decisions and then go into the communities to try and give them solutions without their input and that has not been successful.

Ms. Huegerich stated we went back and looked at the zip codes, majority of answers came from other zip codes, we did capture 49 responses from 50703 and 50702. We discussed maybe questions should be instead of collection of data we collect input of what those communities want to see as solutions or specific programming.

Ms. Sesterhenn said that we did go back and do a zip code analysis and included that in the report. There was a slight underrepresentation, 49 of the surveyed results came from that 50703. Ms. Sesterhenn asked Prof. Kamyar about the idea of the preparation, how can that be moved into the implementation phase.

Prof. Enshayan stated we are not going to find any new revelation. How do we involve the community. We need to organize and plan our community. Mobile produce stands have been implemented and that was with input from the neighborhood associations. A new grocery store will break ground in August in the zip code 50703. We need to make food related issues visible, actual committed local food councils, and keep food issue on the front burner. These are the kind of things we need to think through.

Dr. Roise asked if the purpose of this report to capture the current availability of food or a snapshot of what the community wants.

Rev. Dr. Robinson stated that we may not know what the problems are, how do we know, has enough of the population been captured. When we are told what the issues are and then we have to implement solutions that we have no input. The information that is needed to move forward is not here.

Dr. Zeman added she sees a lot of good comments and threads coming together here, and encouraged by the systems thinking overall approach. We have much more information now than we have had in the previous assessment. We need more minority community buy in and building that relationship with that community so they can be a part of it and take ownership of it. A shift to healthier approach to eating and diet can lead to improved water quality and other environmental issues that affect health. We are moving in the right direction, and see us moving towards that. Some of the communities have not been provided the information that they need to make decisions.

Dr. Cisse Egbuonye stated we need to clarify the food assessment because this was originally look at the data and update data. The food assessment is an environmental scan to identify food deserts. Dr. Cisse Egbuonye agrees that we have minorities that are disproportionately affected by chronic disease. Different strategies that we use need to be inclusive. What are some additional ways for us to collect the data needed. Surveys have not really been effective to get to the root cause of the problem. What are

some of the ways to get some qualitative interview data, to dig deeper. We have identified this document as part of our PHAB submission but we need to have board approval.

Mr. Pikora stated that this is not a required PHAB document, but we have identified this document as part of our PHAB submission.

Dr. Zeman asked do you do you need more qualitative interviews to go into this for it be an eligible document for PHAB.

Dr. Cisse Egbuonye stated no not for PHAB.

Dr. Roise asked if it is possible to approve it with the stipulation that more data is needed from the minority community for more input on what they would like to see in their neighborhoods in reference to food.

Dr. Zeman said this moves us forward so we can develop systems approaches and all areas of health are being address and the work really needs to be grounded in the areas that are most impacted and let people take control.

Dr. Roise inquired what is the best practice to incorporate the equity lens in this report.

Dr. Cisse Egbuonye referred back to the format of how we ask the information, and unfortunately, right now we cannot engage in large group events. We need to collect meaningful data. Even with our community health needs assessment, do the questions actually get to what we need to improve the systems. Giving people an opportunity to tell their story. Why do people walk past the produce section at the grocery store. Dr. Cisse Egbuonye added that it is a responsibility of the chronic disease prevention programs to address these issues.

Ms. Sesterhenn added that we are moving forward with systems thinking approach in the Healthy Behaviors task team. Being intentional to involve the consultants from Engaging inquiry.

Prof. Enshayan stated that the consultation with the health department is just the first step in assessing the community that we serve. Our work is on the ground in the communities we serve. For example, when we started a large garden at People's Community health Clinic it was by their request. The food that is served in most public schools is not healthy and highly processed. Who is going to engage these communities to make a larger impact for everyone. Who is going to reorganize the food system and make sure there is enough grocery stores. That is where the hard work lies. In order to do it, we need many more players at the table.

Prof. Enshayan agrees we need more instruction and education on how to prepare food that is healthy. Food assessment is just the beginning. We really need to act on it.

Dr. Zeman said that there is a new task team at MercyOne Healthy for Healthy Behaviors. This could be another helpful step towards improving the food system.

Dr. Rev. Robinson when people have ownership and when they have been listened to and we do not come in and tell people what to do that is when you get buy in and action. What works for one community may not work for another.

Ms. Sesterhenn stated that the limitations are listed on page 4 of the report.

Dr. Roise stated sampling inequalities is listed, but do not see any limitations for methods on more qualitative data collection.

Rev. Dr. Robinson said by just reading the limitations on the report it is not known what zip codes have been under represented. There needs to be transparency.

Dr. Zeman asked if we are suggesting that there be additional data gathering in the zip codes.

Dr. Cisse Egbuonye stated we need to highlight the numbers in the limitations section that there is an under representation of people of color. Concerns also of utilizing for program development best for us to keep internally until the board is comfortable with having it published and not utilizing for program implementation.

Dr. Roise said to move this with the recognized limitations, and zip codes are highlighted and writing the under representation of people of color.

Mr. Treinen stated it is okay to approve this report with the conditions stated as long as no content is changed.

The board discussed the approval for internal use only and not published additional statement of limitations (under representation people of color in zip codes 50701 and 50703).

Action: Dr. Roise moved and Ms. Knipp seconded to approve the 2020 Black Hawk County Food Assessment with addition of limitations of underrepresentation of people of color and to keep the report for internal use only. Motion carried.

IX. Black Hawk County Policies and Procedures for Compliance with the Health Insurance Portability and Accountability Act of 1996* - Toki Selby - For Vote

Discussion: Dr. Zeman asked if there was a way to provide more direction or information on areas to avoid limiting the spread of COVID-19. When will that revisiting of HIPAA happen to allow more flexibility to release more information so that we can all better adjust our behaviors and how quickly can that revision happen.

Dr. Roise said that HIPAA is the law and you cannot violate HIPAA. Question involves making sure we have contact tracers that can work within the guidelines of HIPAA. If information could get specific enough even when you generalize a location, it could identify people's names.

Dr. Cisse Egbuonye stated we do release what we can to the public.

Action: Dr. Roise moved and Dr. Pilkington seconded to approve the Black Hawk County Policies and Procedures for Compliance with the Health Insurance Portability and Accountability Act of 1996 as presented. Motion carried.

Dr. Pilkington left the meeting at 8:58 a.m.

Dr. Roise left the meeting at 9:11 a.m.

X. Financials

A. Disbursements* – For Vote

Discussion: Patti Humpal provided an overview of the disbursements and explained some of the costs.

Action: Ms. Knipp moved, and Dr. Zeman seconded, to approve to pay the bills as presented. Motion carried.

B. Patti Humpal presented the Financial Report as of 07/22/2020 to the Board.

Discussion: No discussion on the financial report.

XI. Consent Agenda: Grants and Contracts* - Dr. Cisse Egbuonye – For Vote

A. Contract (Renewal) FY2021 5881I405 Immunization Services, IDPH

B. Contract (Renewal) FY2021 5881NB02 Care For Yourself-Breast Cancer & Cervical Cancer Screening Program, IDPH

C. Contract (Renewal) FY2021 5881LP01 Childhood Lead Poisoning Prevention Program (CLPPP), IDPH

D. Contract (Renewal) FY2021 5881CO07 Local Public Health Services, IDPH

E. Sub-Contract (Renewal) FY2021 – Skilled Nursing, MercyOne Waterloo Home Health Care

- F. Business Associate Agreement (Renewal) FY2021 – MercyOne Waterloo Home Health Care
- G. Sub-Contract (Renewal) FY2021 - Skilled Nursing & Home Care Aide/Homemaker, Waterloo Visiting Nursing Association
- H. Business Associate Agreement (Renewal) FY2021 – Waterloo Visiting Nursing Association
- I. Sub-Contract Agreement (Renewal) FY2021 – Laboratory Oversight Services, University of Iowa State Hygienic Laboratory
- J. Memorandum of Understanding – Point of Distribution (POD), University of Northern Iowa
- K. Contract (Amendment) FY2021 5881CRC10 Iowa Get Screened: Colorectal Cancer Program, IDPH
- L. Memorandum of Understanding (Amendment 3)-2020-TB03 -Tuberculosis Direct Observed Therapy, IDPH
- M. Contract (Amendment 10) 6-Year Response 5885BT407 COVID-RMCC, IDPH

Discussion: No discussion.

Action: Beth Knipp moved and Dr. Zeman seconded to approve items A-M as presented on the grants and contracts memo. Motion carried.

XII. Local Public Health Services Contract Unit Costs* – Patti Humpal – For Vote

Discussion: Dr. Zeman asked why MercyOne cost is more than VNA unit costs. Ms. Humpal said that it is different because it is per visit compared to a per hour unit cost.

Action: Dr. Zeman moved and Ms. Knipp seconded to approve the Local Public Health Services Contract Unit Costs as presented. Motion carried.

XIII. Request for Equipment Purchase* - Joshua Pikora – For Vote

Discussion: Rev. Dr. Robinson asked if the tent would be clear or if it would have more privacy to protect patient's privacy. Mr. Pikora stated it would be enclosed areas that are not clear or see through.

Action: Ms. Knipp moved and Dr. Zeman seconded to approve the equipment purchase of a 13 ft. by 26 ft. enclosed drive thru tent with branding included on the canopy at the cost not to exceed \$10,000. The funding for this equipment purchase will be from external funds approved by the Iowa Department of Public Health. Motion carried.

XIV. For Information Only

A. Strategic Planning Progress Report Update – Dr. Cisse Egbuonye

Dr. Cisse Egbuonye reviewed the progress of the strategic planning report and focused on our Quality Improvement and Performance Management areas that are being currently working on to complete. The revisions that were made to the plan in 2017 really align with our PHAB measures.

Discussion:

Dr. Rev. Robinson asked why the responsibility changed in the 9.1.1 Goal. Dr. Cisse Egbuonye stated that the responsibility really lies with the Deputy Director in our operations area. We need to develop more staff capacity for Quality Improvement and additional training, feel confident to follow the process of Quality Improvement.

B. PHAB Update - Joshua Pikora

Mr. Pikora stated the document submission date is August 21, 2020. We are nearing the end of the submission window and plans are in place to finish the documents by the deadline. Site visits are typically scheduled for 6-9 months after the submission date. PHAB will continue to be flexible with Health Departments due to COVID-19.

C. Continuity of Operations Plan - Joshua Pikora

Mr. Pikora continue to update internal plans and one of the last plans we are updating. Describes how we would respond in an emergency and how would we keep our operations up and running.

D. Board of Supervisors Update – Linda Laylin

- Appreciates Amanda's comments on the hiring of the positions and the time it takes to fill these positions.
- Are these re-structuring budget or if it will require external funds and the time to take to meet with the Board of Supervisors and to collaborate with us.
- Warming Center/Hospitality House made a request of funding for \$150k for a new building
 - Information asked was not provided by the entity
 - Willing to revisit this if more information is provided and there is a definite need for this service

Discussion: Rev. Dr. Robinson stated that she would hope it would be something that would look at the gap and deficiencies that are going on. People that go there only can stay there so many hours, and there are people sleeping under bridges and on benches. Rev. Dr. Robinson really strongly encourage expanding hours of service in these facilities.


Ms. Laylin said staffing of the operations was one of our concerns. We want to ensure we are working together as a community to fill in the gaps of services that pertain to the homeless populations. Other entities have come forward in response to this request stating they would like to work together to make this happen.

XV. Next Regular Board of Health Meeting: August 26, 2020 at 7:30 a.m. – Room 420, Pinecrest Building, 1407 Independence Avenue, Waterloo, Iowa.

XVI. Adjournment – Ms. Knipp moved, and Dr. Zeman seconded, to adjourn the meeting. Motion carried.

The meeting adjourned at 9:35 a.m.

Respectfully Submitted,


Megan Olmstead, Secretary


Rev. Dr. Mary Robinson, Chair

